

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Real People for America

RECEIVED
 FEC MAIL
 IDENTIFICATION NUMBER

000616789

2016 SEP 26 AM 11:50

Check if ☐ 24-hour report ☒ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee

Reno Print Store

☐ Memo Item

Date of Public Distribution/Dissemination

08' 18' 2016

Mailing Address

280 Greg St #5

Amount

94259

City

Reno

State

NV

Zip Code

89502

Purpose of Expenditure

Yard Signs

Category/Type

004

Date of Disbursement or Obligation

08' 18' 2016

Name of Federal Candidate

Donald J. Trump

☒ Support
☐ Oppose

Office Sought:

☐ House

District:

☒ President

☐ Senate

State:

Calendar Year-To-Date

Per Election for Office Sought

15,950.24

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

Full Name of Payee

Reno Print Store

☐ Memo Item

Date of Public Distribution/Dissemination

09' 13' 2016

Mailing Address

280 Greg St #5

Amount

1,060.14

City

Reno

State

NV

Zip Code

89502

Purpose of Expenditure

Walking Cnds

Category/Type

004

Date of Disbursement or Obligation

09' 16' 2016

Name of Federal Candidate

Donald J. Trump

☒ Support
☐ Oppose

Office Sought:

☐ House

District:

☒ President

☐ Senate

State:

Calendar Year-To-Date

Per Election for Office Sought

15,950.24

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

2,002.73

(b) SUBTOTAL of Unitemized Independent Expenditures.....

0

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

J. Waller

Date

09' 19' 2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **2** OF **12**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER ▼ C 00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Reno Print Store	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 11 / 2016
Mailing Address 280 Greg St #5		Amount 350.11
City Reno	State NV	Zip Code 89502
Purpose of Expenditure Bumper stickers	Category/Type 004	Date of Disbursement or Obligation 08 / 11 / 2016
Name of Federal Candidate Donald J. Trump	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Reno Print Store	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 15 / 2016
Mailing Address 280 Greg St #5		Amount 254.23
City Reno	State NV	Zip Code 89502
Purpose of Expenditure Buttons	Category/Type 004	Date of Disbursement or Obligation 08 / 15 / 2016
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60434
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Jo Hildner**

Date **09 / 19 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Real People for America</u>	FEC IDENTIFICATION NUMBER <u>C00616789</u>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <u>Reno Print Store</u>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>07</u> / <u>29</u> / <u>2016</u>
Mailing Address <u>280 Greg St #5</u>		Amount <u>4.00</u>
City <u>Reno</u>	State <u>NV</u>	Zip Code <u>89502</u>
Purpose of Expenditure <u>Yard Signs</u>	Category/Type <u>004</u>	Date of Disbursement or Obligation <u>07</u> / <u>25</u> / <u>2016</u>
Name of Federal Candidate <u>Donald S. Trump</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee <u>Reno Print Store</u>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>07</u> / <u>29</u> / <u>2016</u>
Mailing Address <u>280 Greg St #5</u>		Amount <u>960.59</u>
City <u>Reno</u>	State <u>NV</u>	Zip Code <u>89502</u>
Purpose of Expenditure <u>Yard Signs</u>	Category/Type <u>004</u>	Date of Disbursement or Obligation <u>07</u> / <u>28</u> / <u>2016</u>
Name of Federal Candidate <u>Donald S. Trump</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>964.59</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<u>0</u>
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature [Signature] Date 09 / 19 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER ▼ C00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Reno Print Store	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2016
Mailing Address 280 Greg St #5	Amount MM / DD / YYYY 370.11
City Reno State NV Zip Code 89502	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016
Purpose of Expenditure Bumper Stickers Category/Type 004	
Name of Federal Candidate Donald J. Trump <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Lamar Advertising	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016
Mailing Address 4945 Soule Street	Amount MM / DD / YYYY 8,540.00
City Reno State NV Zip Code 89502	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016
Purpose of Expenditure Billboards Category/Type 004	
Name of Federal Candidate Donald J. Trump <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	MM / DD / YYYY 8910.11
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	MM / DD / YYYY 0
(c) TOTAL Independent Expenditures.....▶	MM / DD / YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Jr. Hilliard**

Date MM / DD / YYYY
09 / 19 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Real People for America</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00016789</u>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <u>Fedex</u>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>07/16/2016</u>
Mailing Address <u>282 Los Altos Pkwy #100</u>		Amount <u>49.58</u>
City <u>Sparks</u>	State <u>NV</u>	
Zip Code <u>89436</u>		Date of Disbursement or Obligation <u>07/15/2016</u>
Purpose of Expenditure <u>Mailing</u>	Category/Type <u>004</u>	
Name of Federal Candidate <u>Donald J. Trump</u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Support <input type="checkbox"/> Oppose <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		<input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>Fedex</u>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>07/16/2016</u>
Mailing Address <u>282 Los Altos Pkwy #100</u>		Amount <u>49.58</u>
City <u>Sparks</u>	State <u>NV</u>	
Zip Code <u>89436</u>		Date of Disbursement or Obligation <u>07/15/2016</u>
Purpose of Expenditure <u>Mailing</u>	Category/Type <u>004</u>	
Name of Federal Candidate <u>Donald J. Trump</u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> General
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		<input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>99.16</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<u>0</u>
(c) TOTAL Independent Expenditures.....▶	

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Signature [Signature]

Date 09/19/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Real People for America</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00616789</u>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <u>Fedex</u>		Date of Public Distribution/Dissemination <u>07/15/2016</u>
Mailing Address <u>282 Los Altos Pkwy #100</u>		Amount <u>49.58</u>
City <u>Sparks</u>	State <u>NV</u>	Zip Code <u>89436</u>
Purpose of Expenditure <u>Mailing</u>	Category/Type <u>004</u>	Date of Disbursement or Obligation <u>07/15/2016</u>
Name of Federal Candidate <u>Donald J. Trump</u>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <u>Fedex</u>		Date of Public Distribution/Dissemination <u>07/15/2016</u>
Mailing Address <u>282 Los Altos Pkwy #100</u>		Amount <u>41.95</u>
City <u>Sparks</u>	State <u>NV</u>	Zip Code <u>89436</u>
Purpose of Expenditure <u>6 letters / mailing</u>	Category/Type <u>004</u>	Date of Disbursement or Obligation <u>07/15/2016</u>
Name of Federal Candidate <u>Donald J. Trump</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought <u>15,950.24</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 91.53

(b) SUBTOTAL of Unitemized Independent Expenditures..... 0

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Ju. Hallal

Date 09/19/2016

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER ▼ C00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05/19/2016
Mailing Address		Amount 25.10
City Menlo Park	State CA	
Purpose of Expenditure Ad	Category/Type 004	Date of Disbursement or Obligation 05/19/2016
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Fedex	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08/04/2016
Mailing Address		Amount 150.80
City Menlo Park	State CA	
Purpose of Expenditure Brochures	Category/Type 004	Date of Disbursement or Obligation 08/04/2016
Name of Federal Candidate Donald J. Trump	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Senate State: <input type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... **175.90**

(b) SUBTOTAL of Unitemized Independent Expenditures..... **0**

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Jim Wilentz**

Date **09/19/2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **B** OF **12**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER ▼ C00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee Fedex	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 07/16/2016
Mailing Address #282 Los Altos Pkwy #100		Amount 49.58
City, State, Zip Code North Las Vegas NV 89436		
Purpose of Expenditure Mailing	Category/Type 004	Date of Disbursement or Obligation 07/15/2016
Name of Federal Candidate Donald J. Trump	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee NV Veterans for Trump	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08/01/2016
Mailing Address 4600 Kietzke Lane C-120		Amount 350.00
City, State, Zip Code Reno NV 89502		
Purpose of Expenditure Radio Advertising	Category/Type 004	Date of Disbursement or Obligation 07/07/2016
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	399.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Jon Willard**

Date **09/19/2016**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER C00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 06/01/2016
Mailing Address		Amount 93.26
City Menlo Park	State CA	Zip Code
Purpose of Expenditure Ad	Category/Type 004	Date of Disbursement or Obligation 06/01/2016
Name of Federal Candidate Donald S Trump		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Facebook	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05/23/2016
Mailing Address		Amount 50.11
City Menlo Park	State CA	Zip Code
Purpose of Expenditure Ad	Category/Type 004	Date of Disbursement or Obligation 05/23/2016
Name of Federal Candidate Donald S Trump		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14337
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **John Hulbert** Date **09/19/2016**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF 12
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER C00616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	M M / D D / Y Y Y Y Y Y

Full Name of Payee Branded Screen Printing		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 19 / 2016
Mailing Address 155 E. Moana Lane			Amount 1,372.51
City Reno	State NV	Zip Code 89502	Date of Disbursement or Obligation 08 / 02 / 2016
Purpose of Expenditure Hats and T-shirts		Category/Type 004	
Name of Federal Candidate Donald J. Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State:
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name of Payee Big Reno Show		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 08 / 19 / 2016
Mailing Address PO Box 10485			Amount 170.00
City Reno, NV	State NV	Zip Code 89510	Date of Disbursement or Obligation 08 / 01 / 2016
Purpose of Expenditure Gun Show Booth		Category/Type 004	
Name of Federal Candidate Donald J. Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State:
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures..... **1,542.51**

(b) SUBTOTAL of Unitemized Independent Expenditures..... **0**

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **J. Helman**

Date **09 / 19 / 2016**

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **11** OF **12**
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Real People for America	FEC IDENTIFICATION NUMBER ▼ C000616789
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	<div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>M M / D D / Y Y Y Y Y Y</div> <div>M M / D D / Y Y Y Y Y Y</div> </div>

Full Name of Payee Crossroads of the West	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 07 / 30 / 2016
Mailing Address P.O. Box 290		Amount 115.00
City Kaysville	State UT	Zip Code 84037-0290
Purpose of Expenditure Gun Show Booth	Category/Type 004	Date of Disbursement or Obligation 07 / 19 / 2016
Name of Federal Candidate Donald J. Trump	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Branded Screen Printing	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 09 / 2016
Mailing Address 155 E. Maana Lane		Amount 619.42
City Reno	State NV	Zip Code 89502
Purpose of Expenditure HATS	Category/Type 004	Date of Disbursement or Obligation 09 / 02 / 2016
Name of Federal Candidate Donald J. Trump	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 15,950.24		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	734.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **Jon Hefner**

Date **09** / **19** / **2016**

2016-09-09 10:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

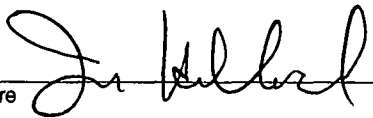
NAME OF COMMITTEE (In Full) <u>Real People for America</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00616799</u>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <u>US Post Office</u>	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <u>07 / 16 / 2016</u>
Mailing Address <u>8929 Vista Blvd,</u>		Amount 28200
City <u>Sparks</u>	State <u>NV</u>	Zip Code <u>89436</u>
Purpose of Expenditure <u>Mailing - Stamps</u>	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <u>07 / 15 / 2016</u>
Name of Federal Candidate <u>Donald S. Trump</u>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 1595024		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28200
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0
(c) TOTAL Independent Expenditures.....▶	1595024

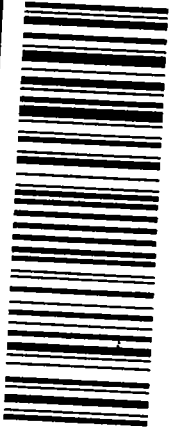
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date M M / D D / Y Y Y Y Y Y
09 / 19 / 2016

2015 0640 0002 3955 9419

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

CERTIFIED MAIL



7015 0640 0002 3955 9419



1000



20463

U.S. POSTAGE
PAID
SPARKS, NV
89434
SEP 20, 16
AMOUNT

\$4.87


R2304W119995-14

○

Federal Election Commission
999 E Street NW
Washington DC

20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 9/20/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="text-align: center;">  PREPARER </div>	9/26/16 DATE PREPARED

PREPARER
(3/2015)

DATE PREPARED